

Exhibit I
Medical File
Inmate Request Slip dated May 15, 2006

Lee County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIO MARTINEZ Date 05-15-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer COMPLAINT NURSE STEWART
I AM NOT RECEIVING MY SALT LIKE
I NEED IT. I AM ONLY ABLE TO
GARGLE 2X~~3~~ DAILY, AND ITS NOT ENOUGH
MY MOUTH IS BEGINNING TO GET DRY
SOCKET. I THANK YOU FOR YOUR TIME.

Do Not Write Below This Line - For Reply Only

5/15/06, Salt given NO
mor.

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)